

**Recommended Language for P.E. Certification- certification post-closure has been completed**

I certify that post-closure monitoring and maintenance has been completed in accordance with the post-closure plan dated   [date on the post-closure plan]   for permit number   [permit number]   issued to   [name of permittee]  , with the exception of the deficiencies noted below. In addition, the facility has been evaluated in terms of its potential for harm to human health and the environment in the event that post-closure activities are terminated. This certification is based, in part, on my review of the   [list applicable records]  , [for example: groundwater, gas, leachate monitoring, maintenance, and inspection records] for this facility. This certification is also based, in part, on my inspection of this facility conducted on   [date of inspection]  . My inspection of this facility included examination and review of the   [list applicable inspections]  , [for example: vegetative cover, final cover, surface water management systems, leachate management systems, gas monitoring systems, and groundwater monitoring systems.]

Attached to this certification is my evaluation of the impact discontinuing post-closure monitoring and maintenance at   [facility name]  , operated under permit   [permit number]  , will have on human health and the environment.  
The following discrepancies were noted when reviewing the post-closure care period:

*Or for reduced post-closure monitoring or activities*

I certify that post-closure monitoring and maintenance for   [list specific monitoring or maintenance requirement to be discontinued]   has been completed in accordance with the approved post closure plan dated   [date on approved plan]   for permit number   [permit number]   issued to   [name of permittee]   with the exception of the deficiencies noted below. In addition, the facility has been evaluated in terms of its potential for harm to human health and the environment in the event that post-closure activities are terminated. This certification is based, in part, on my review of the   [list applicable records]  , [for example: vegetative cover, final cover, surface water management systems, leachate management systems, gas monitoring systems, and groundwater monitoring systems] records for this facility. This certification is also based, in part, on my inspection of this facility conducted on   [date of inspection]  . My inspection of this facility included   [list applicable inspections]  , [for example: vegetative cover, final cover, surface water management systems, leachate management systems, gas monitoring systems, and groundwater monitoring systems.]

Attached to this certification is my evaluation of the impact discontinuing   [list monitoring or maintenance to be discontinued]   at   [facility name]  , operated under permit   [permit number]  , will have on human health and the environment.  
The following discrepancies were noted when reviewing the post-closure care period:

Signature of Professional Engineer  
Date and Stamp